

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

577437

FILING DATE

9-4-90

**CLAIMS**

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT	IND.	DEP.	AFTER 2nd AMENDMENT	IND.	DEP.
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